The University of Oklahoma
School of Dance

request for recommendation

APPLICANT _____
         Last Name   First Name   Middle Name

PLEASE RETURN THIS FORM BEFORE _____.
                                       Date

The applicant named above is applying for admission to the graduate program in dance at the University of Oklahoma and has asked for a recommendation from you. Your completion of this form will greatly assist in the evaluation of this candidate's competency for graduate work in dance. Please fill out the form and return it at your earliest convenience.

1. How long have you known the applicant?   _____ years

2. In what capacity have you worked with the applicant?

        Department Chairman ___   Choreographer ___
        Major Advisor ___   Employer ___
        Instructor ___   Other (specify) _____

3. How would you rank the applicant in the following characteristics of personal competence, in comparison with other students you have taught and/or worked with before?

    1 – Excellent   2 – Good   3 – Average
    4 – Below Average   5 – Low   6 – No basis for judgment

    Intellectual ability ___
    Leadership ___
    Motivation ___
    Commitment ___
    Cooperation ___
    Work habits (planning, organizing, executing) ___
    Perseverance in completing tasks ___
    Capacity for accepting criticism ___
    Ability to analyze and criticize ___
    Ability to communicate ___
    Dependability ___
    Knowledge of literature in the field ___
    Range of interests and curiosity ___
    Performance ability ___
    Choreographic ability ___
    Teaching ability ___

4. What overall potential for success do you predict for this applicant in graduate studies?

    Outstanding ___
    Above average ___
    Average ___
    Below average (questionable for graduate study) ___
    Not desirable as a candidate for graduate study ___

5. Please include any additional comments which will assist us in evaluating this applicant.

SIGNATURE _____   DATE _____

NAME PRINTED OR TYPED _____

TITLE   _____

ADDRESS   _____

_____

Please return this form directly to:
Jeremy Lindberg, Associate Professor
Graduate Liaison, School of Dance
University of Oklahoma
560 Parrington Oval, Room 1000
Norman, Oklahoma 73019